

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

09/423633

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/				/	
2		/				
3		/				
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TOTAL IND.	2				2	
TOTAL DEP.	17				17	
TOTAL CLAIMS	19				19	

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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